



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ALCOHOL AND TOBACCO CONTROL
MANUFACTURER MONTHLY REPORT OF INVENTORY

MONTH	YEAR
MISSOURI LICENSE NO.	
STATE	ZIP

MANUFACTURER OR DOMESTIC WINERY NAME (AS LICENSED WITH MISSOURI)

STREET ADDRESS

CITY

The original of this report must be postmarked to the Division of Alcohol and Tobacco Control, Jefferson City, Missouri not later than the 15th of each month. Duplicate copy to be retained for your files. Copies of all invoices must be submitted with this form.

SECTION A

LINE		SPIRITUOUS ALCOHOL GALLONS	WINE ALCOHOL GALLONS
1.	Untaxed Bulk Spirituous and/or Wine on Hand First of Month		
2.	Untaxed Bulk Spirituous and/or Wine Produced/Received During Month		
3.	Untaxed Bulk Removed for Bottling and/or Loss		
4.	Untaxed Bottled Spirituous and/or Wine on Hand First of Month	Enter as Item 1 on Form MANU	Enter as Item 1 on Form MANU
5.	Untaxed Spirituous and/or Wine Bottled During Month	Enter as Item 2 on Form MANU	Enter as Item 2 on Form MANU
6.	Bottled Spirituous and/or Wine Sold During Month (in gallons)		

SECTION B - ALCOHOL LIQUORS RECEIVED UNTAXED

REPORT BOTTLED PRODUCT ONLY THAT WAS RECEIVED FROM A CONTRACTED BOTTLER.
REPORT IN (WINE/SPIRIT) GALLONS

LINE	PURCHASED FROM NAME ADDRESS	INVOICE NUMBER AND DATE	SPIRITUOUS LIQUOR	WINES	REMARKS STATE REASON FOR RECEIVING UNTAXED
	Name	Inv.#			
	Addr.	Inv.Date			
	Name	Inv.#			
	Addr.	Inv.Date			
	Name	Inv.#			
	Addr.	Inv.Date			
	Name	Inv.#			
	Addr.	Inv.Date			
	Name	Inv.#			
	Addr.	Inv.Date			
7.	TOTAL ALCOHOLIC LIQUOR RECEIVED UNTAXED		Enter as Item 3 on Form MANU	Enter as item 3 on Form MANU	

SECTION C - REPORT OF CLAIMS FOR TAX EXEMPTION

Manufacturer reports in this section all claims for tax exemption due to out of state sales, breakage, on premise tastings, and family use. A report of wine shipped on each outstate shipment must accompany report. Supporting data on breakage, on premise tasting, etc. must be kept on file in your office for review by our auditors.

REPORT IN (WINE/SPIRIT) GALLONS

LINE	SOLD TO NAME AND ADDRESS	INVOICE NUMBER AND DATE	SPIRITUOUS LIQUOR	WINE	EXPLANATION STATE REASON FOR EXEMPTION
	Name:	Inv.#			
	Addr.	Inv.Date			
	Name:	Inv.#			
	Addr.	Inv.Date			
	Name:	Inv.#			
	Addr.	Inv.Date			
	Name:	Inv.#			
	Addr.	Inv.Date			
	Name:	Inv.#			
	Addr.	Inv.Date			
	Name:	Inv.#			
	Addr.	Inv.Date			
	Name:	Inv.#			
	Addr.	Inv.Date			
	Name:	Inv.#			
	Addr.	Inv.Date			
	Name:	Inv.#			
	Addr.	Inv.Date			
8	TOTAL DEDUCTIONS FOR TAX EXEMPTION		Enter as Item 6 on Form MANU	Enter as Item 6 on Form MANU	

SECTION D - SALES TO WHOLESALE DEALERS

WHOLESALER MO. LICENSE NO.	WHOLESALER NAME WHOLESALER CITY	INVOICE NUMBER AND DATE	WINE GALLONS	
			SPIRITS	WINES
	Name:	Inv.#		
	City:	Inv.Date		
	Name:	Inv.#		
	City:	Inv.Date		
	Name:	Inv.#		
	City:	Inv.Date		
	Name:	Inv.#		
	City:	Inv.Date		
	Name:	Inv.#		
	City:	Inv.Date		
	Name:	Inv.#		
	City:	Inv.Date		
	Name:	Inv.#		
	City:	Inv.Date		
	Name:	Inv.#		
	City:	Inv.Date		
TOTAL SALES TO WHOLESALE DEALERS				